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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Thomas M. DiMauro, Mohamed Attawia, Hassan Serhan, Melissa Grace, Michael Slivka, Thomas G. Ferro, Vivek N. Shenoy, Alonso D. Cook and Scott Bruder

Application No.: 10/723,250 Group: 1617

Filed: November 26, 2003 Examiner: Carlic K. Huynh

Confirmation No: 6059

For: LOCAL INTRAOSSSEOUS ADMINISTRATION OF BONE FORMING AGENTS AND ANTI-RESORPTIVE AGENTS, AND DEVICES THEREFOR

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

05/03/08 Kelley A. Lauer

Date

Signature

Kelley A. Lauer

Typed or printed name of person signing certificate

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

			SMALL ENTITY		OTHER THAN SMALL ENTITY	
			RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	87	MINUS	* 89	0		
INDEP	13	MINUS	** 13	0		
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						

* not fewer than 20

** not fewer than 3

TOTAL = \$ 0 TOTAL = \$ 0 **The Application Size Fee has been calculated as shown below:***(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			Rate	Total Amount Owed	Rate	Total Amount Owed
			X \$130	\$[]	X \$260	\$[]

Petition for Extension of Time

Applicant hereby petitions to extend the time to respond to the Office Action dated November 28, 2007 for 3 month(s) from February 28, 2008 to May 28, 2008. The appropriate fee is set forth below.

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		\$ _____
		\$ _____
		\$ _____
TOTAL:		\$ _____

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for 3 month Extension of Time	\$ 1,050
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	\$ _____
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT		\$ 180
		\$ _____
		\$ _____
TOTAL:		\$ 1,230

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. If this submission is in paper form, a copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Deirdre E. Sanders
 Deirdre E. Sanders
 Registration No. 42,122
 Telephone (978) 341-0036
 Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: May 23, 2008



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Date Signature

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CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
TOTAL	87	MINUS	*	89	0			
INDEP	13	MINUS	**	13	0			
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM								

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** not fewer than 3

TOTAL = \$ 0

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The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to
			Rate	Total Amount Owed	Rate	Total Amount Owed	[] Sheets

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<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	\$ _____
		<hr/>
		\$ _____
		<hr/>
		\$ _____
		<hr/>
TOTAL:		\$ _____

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<input checked="" type="checkbox"/>	Other Fees:	\$ _____
<hr/>		\$ _____
<hr/>		\$ _____
<hr/>		\$ _____
TOTAL:		\$ 180
<hr/>		\$ _____
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TOTAL:		\$ 1,230

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